



HOWARD COLLEGE

DENTAL HYGIENE

1001 Birdwell Lane • Big Spring, TX 79720 • (432) 264-5065 • Fax (432) 264-5630



HOWARD COLLEGE DEPARTMENT OF DENTAL HYGIENE

APPLICATION PACKET

2025



It is the applicant's responsibility to:

1. Return the completed application by **February 1, 2025** to:

Howard College Dental Hygiene
1001 Birdwell Lane
Big Spring, TX 79720

It is strongly encouraged that you mail the application with a *return receipt requested* so that you know the application was received.

The completed application packet may be returned to the Dental Hygiene Department Office at the Big Spring campus, Horace Garrett Center, Room A19. Be sure that the packet is complete, or it will not be accepted.

Please note: It is the *applicant's responsibility* to keep his/her mailing address, telephone number, and e-mail current with the Howard College Admissions Office as well as the Howard College Dental Hygiene Program Office.

Additional information on the web: <http://www.howardcollege.edu>

Click the down arrow by "*Programs*", scroll down to "*Health Professions*", then click on "*Big Spring Campus*", then click on "*Dental Hygiene*."

PLEASE DO NOT FOLD THE APPLICATION PACKET



The **DEADLINE** for submitting a **COMPLETE** Dental Hygiene application packet is:

No later than the close of business on February 1ST 2025.

A complete Dental Hygiene application packet includes the following:

1. Gain admission to Howard College and submit a copy of the acceptance letter in the application packet. **All applicants must meet TSI (testing) requirements.** Visit with an advisor to determine needs for assessment testing. Dental Hygiene requires the TSI status to be complete or exempt.
2. **After January 1** complete the following:
 - a. Physical Examination of Applicant
 - b. Dental Examination of Applicant
 - c. TB Skin Test, TB Blood Test, or TB Chest X-ray
3. Please return the following **COMPLETED** paperwork **together** in one envelope. **DO NOT fold application paperwork.** Applications will be considered incomplete if all paperwork is not submitted together.
 - a. Application for Admission to the Dental Hygiene Program
 - b. Submission of all official, sealed transcripts from colleges/universities attended *including* Howard College. ALL COLLEGE TRANSCRIPTS HAVE TO BE MAILED TO YOU – KEEP ENVELOPES SEALED AND INCLUDE THEM WITH THIS APPLICATION. Transcripts should include the fall semester's transcript immediately prior to February 1st, if applicable.
It is the Applicants responsibility to make sure that the administrative assistant to the Program Chair has the official transcripts necessary for your completed application. In the event that the Applicant has failed to make sure that the administrative assistant to the Program Chair does not have all necessary transcripts, the applicant will be disqualified.
 - c. Dental Examination
 - d. Copy of Immunization Records showing all required program vaccinations
 - e. Physical Examination
 - f. Dental Hygiene Observation Verification
 - g. Letter of Acceptance to Howard College.
 - h. DANB certification copy, if applicable. Must be current.
 - i. TSBDE registration copy, if applicable. Must be current.

Applicants will **ONLY** complete a **Criminal Background Check** **WHEN ASKED TO DO SO** by the Dental Hygiene Department. Once accepted to the Dental Hygiene program, you must have health insurance coverage in effect no later than August 1. For those who do not have health insurance, go to www.ejsmith.com.



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Application for Admission to the Dental Hygiene Program

Please **PRINT** or **TYPE**

HC ID# _____

Have you applied to the Dental Hygiene Program before? Yes No If yes, what year? _____

Date of Application

| | | |
|-------|-----|------|
| Month | Day | Year |
|-------|-----|------|

Name

| | | | |
|------|-------|--------|--------|
| Last | First | Middle | Maiden |
|------|-------|--------|--------|

Address

| | | | |
|--------|-------|-----|--------|
| Street | | | Apt. |
| City | State | Zip | County |

Phone/Contact Information

| | |
|----------|---------------|
| Cell () | Alternate () |
| Email | |

Social Security Number

Date of Birth

Mark the appropriate box after each question:

- Have you applied to the program previously?
- Are you a graduate of an ADA accredited DA/DLT program?
- Are you currently a DANB certified dental assistant?
- Are you a dental assistant registered with TSBDE?

| YES | NO |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |

Provide the following information concerning your previous academic achievements.

Identify all degrees you have achieved:

- No degree achieved
- Associate Degree
- Bachelor's Degree
- Master's Degree
- Doctorate Degree

| |
|--------------------------|
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |

Other _____



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Application for Admission to the Dental Hygiene Program

Provide the following information for every regionally accredited college, university, or vocational school you have attended in the past **OR** are currently attending. You **must** provide this information, or your application will be considered incomplete. Please include Howard College in the table below if you are currently or have ever attended.

| Name of college/university | City | State | Dates attended Mo/Yr to Mo/Yr | Areas of Study & # of credit hours or Diploma or Degree Earned |
|----------------------------|------|-------|----------------------------------|-------------------------------------------------------------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

If you have college level course work successfully completed outside of the United States, you must contact the Admissions/Registrar's Office (432) 264-5081 in order to have your course work considered for transferability.

Certain minimum physical abilities and characteristics are required in health sciences professions. Applicants are required to complete a physical examination.

I hereby certify the information contained in this application is true and complete to the best of my knowledge. I understand any misrepresentation or falsification of information is cause for denial of admission to the Dental Hygiene Program or expulsion from the College after acceptance. I understand that information contained in this application will be read by faculty, staff, and administrators in the dental hygiene program, as necessary.

Signature of Applicant

Date



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Dental Examination of Applicant

(SCHEDULE AFTER JANUARY 1, 2025)

1. Name: _____ Date of Exam: _____

2. Address: _____

3. City/State/Zip Code: _____

4. Dental Health Overall: Excellent Good Fair Other _____

5. Date of last prophylaxis: _____

6. Date of last radiographs: _____ Type Taken: _____

7. Remarks/Recommendations Regarding Dental Health:

Printed Name of Examining Dentist

Address

Signature of Examining Dentist

City/State/Zip Code

Telephone Number



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Physical Examination of Applicant (SCHEDULE AFTER JANUARY 1, 2025)

Name: _____ Date: _____

Address: _____ City/State/Zip: _____

Eyes: _____ Ears: _____

Nose: _____ Sinuses: _____

Tonsils: _____ Thyroid: _____

Skin: _____ Heart: _____

Lungs: _____ Abdomen: _____

Hernia: _____ Feet: _____

Varicose Veins: _____ Posture: _____

Spinal Curvature: _____ Reflexes: _____

Dizziness/Fainting: _____ Lymph Nodes: _____

Previous Surgery: _____

Allergies (drugs/latex): _____

TB Skin Test, TB Blood Test, or TB X-ray (Circle One)

Date Taken: _____ Date Read: _____ Result: _____

Vaccinations:

1. Hep. B: Date: 1st _____ 2nd _____ 3rd _____
Date of Titer: _____ Results: NEG POS If negative, then get the 3-dose vaccination.

2. Varicella Date: 1st _____ 2nd _____ 3rd _____ OR
Date of Titer: _____ Results: NEG POS If Negative, then get the 2-dose vaccination.
Date: 1st _____ 2nd _____

3. Measles/Mumps/Rubella Date _____

4. T-dap Date _____

5. Influenza Date _____ (Optional)

6. Meningitis Date _____

Printed Name of Examining Physician

Address

Signature of Examining Physician

City, State, Zip Code

Telephone Number



Vaccinations Required for Admittance to the Dental Hygiene Program

1. **TB Test:** Get a TB skin test, TB Blood Test, or TB Chest X-ray after January 1 of the year of application. If you are unable to get a TB skin test, then you must get a TB blood test or chest x-ray. The documentation must be included in the application packet.
2. **Hepatitis B Shots:** Most applicants are presenting with documentation showing they received the Hepatitis B 3-shot series as a baby. If you received the Hepatitis B shots as a baby, then you must get a **Hepatitis B Titer blood test**. The Hepatitis B titer will show if you have an immunity to Hepatitis B. This is what we need to know. We do not need to know if you have Hepatitis B. If the results of the titer come back positive, then you do not need to do anything further. If the results come back negative, then you must start the 3-shot series over. It will take 6 months to receive the series. You will receive the 1st shot the 1st month, the 2nd shot the 2nd month, and the 3rd shot the 6th month.

When applying to the program, you must complete your 3-shot series before February 1st, or you could be disqualified for not providing a complete file. There is also a 2-dose injection that is given 4-8 weeks apart for adolescents and adults who are 13 years in age or older. THE BOOSTER IS NOT ADEQUATE IF YOUR TITER IS NEGATIVE! YOU MUST RE-TAKE THE SERIES AGAIN!!

If you started the Hepatitis B 3-shot series after you were older, then you must get the Hepatitis B titer if it has been over 10 years since you received the last shot in the Hepatitis B 3-shot series.

There is another Hepatitis B blood test that tests for Hepatitis B surface Antigens (HBsAg) Antibodies. This test will tell you if you have Hepatitis B. DO NOT get this blood test. This is the wrong blood test. You need the Hepatitis B Titer blood test to show if you have an immunity to Hepatitis B.

3. **Varicella (Chicken Pox):** The applicant will show documentation that he/she has received 2 doses of varicella (chickenpox) vaccine. If you have not had the varicella vaccine, then you must get a varicella titer (blood test). If the results are positive, then you do nothing. If the results are negative, then you must get the 2 doses of varicella (chickenpox) vaccine and provide documentation in your application packet.



If you had chicken pox, then you need to get the varicella titer blood test. If the results are positive, then you do nothing. If the results are negative, then you get the varicella 2 dose vaccination. The 2 doses are given 4 to 8 weeks apart for Adolescents and Adults 13 years old or older.

4. **Measles, Mumps, Rubella:** Applicant must show documentation that he/she had the 2- shot series (the shots must be at least 28 days apart). If the applicant did not have the 2 shots as an infant, then an MMR titer (blood test) must be taken. If the results come back negative, then the applicant will have to get the 2-shot series again. Keep in mind the series of shots must be completed before the application deadline and documentation must be included in the application packet.
5. **T-dap Shot:** The applicant must have had a T-dap shot within the last 10 years of application to the Dental Hygiene Program. If the T-dap shot is over 10 years old, the applicant must get another shot and include documentation in the application packet.
6. **Influenza (Flu) Shot:** This shot is optional, but you will be required to sign a waiver if you decide against the Flu injection. You will also be required to wear a mask the entire day at your rotation to the Big Spring VA Medical Center and any other rotation site, as necessary.
7. **Meningitis Shot:** The applicant must have a meningitis shot if the applicant's age is under 22 years.

If you have any questions, contact the Dental Hygiene Department before going to your physician. The telephone number is 432-264-5065.